

TALBOT COUNTY BOARD OF ELECTRICAL
EXAMINERS APPLICATION FOR RENEWAL 2013

(TWO YEAR LICENSE A-J)
215 BAY STREET, SUITE 3
EASTON, MARYLAND 21601
INCOMPLETE APPLICATIONS WILL BE RETURNED
_____**LICENSE NUMBER**

_____**MASTER \$150** _____**GENERAL \$100** _____**LIMITED \$60**
_____ **SHELVED \$30**

IN MAKING APPLICATION FOR A LIMITED LICENSE, STATE SPECIFIC TYPE OR TYPES OF ELECTRICAL EQUIPMENT TO BE MAINTAINED:

IN ORDER FOR THIS TO BE CONSIDERED A VALID RENEWAL APPLICATION, YOU MUST COMPLY WITH THE FOLLOWING:

- 1. STATE YOUR TALBOT COUNTY LICENSE NUMBER AT THE TOP OF THIS FORM
- 2. SIGN AND DATE THE RENEWAL APPLICATION
- 3. SUBMIT COMPLETE MAILING ADDRESS
- 4. SUBMIT APPROPRIATE FEE
- 5. LIST EMPLOYEES ON THE APPLICATION. IF YOU HAVE NO EMPLOYEES, STATE “NONE”.
- 6. *SUBMIT CERTIFICATE OF INSURANCE SHOWING A MINIMUM OF \$300,000 GENERAL LIABILITY, \$100,000 PROPERTY DAMAGE OR A COMBINED POLICY FOR \$400,000. THE CERTIFICATE OF INSURANCE MUST SHOW YOU AS THE INSURED, NOT THE FIRM OR CORPORATION; **THE CERTIFICATE HOLDER SHOULD BE LISTED AS: THE TALBOT COUNTY BOARD OF ELECTRICAL EXAMINERS, 215 BAY STREET, SUITE 3, EASTON, MARYLAND 21601.

IF INSURANCE EXPIRES IN EITHER JUNE OR JULY, PLEASE SUBMIT A CONTINUATION NOTICE. FAILURE TO COMPLY WITH THE ABOVE WILL RESULT IN AN INVALID RENEWAL APPLICATION AND AS SUCH WILL BE RETURNED TO YOU. (IN ORDER TO EXPEDITE THE APPLICATION PLEASE SEND ALL INFORMATION UNDER SAME COVER.)

CHECKS MUST BE MADE PAYABLE TO: TALBOT COUNTY (NOT TO THE BOARD) AND SUBMITTED ALONG WITH THIS APPLICATION. MAILING ADDRESS FOR APPLICATION IS: TALBOT COUNTY BOARD OF ELECTRICAL EXAMINERS, 215 BAY STREET, SUITE 3, EASTON, MD 21601.

THE TALBOT COUNTY ELECTRICIAN'S LICENSE EXPIRES ON JULY 31, 2011. **RENEWALS MUST BE RECEIVED PRIOR TO JULY 31, 2011 OR A LATE FEE WILL BE CHARGED AT A RATE OF \$2.00 PER DAY. SHOULD SUCH LICENSE NOT BE ISSUED WITHIN 90 DAYS, CANCELLATION MAY OCCUR AT THE DISCRETION OF THE BOARD.**

- 1. **APPLICANTS NAME PRINTED:**_____
- 2. **TRADING UNDER THE NAME OF:** _____
- 3. **ADDRESS:**_____
- 4. **BUSINESS PHONE#**_____ **HOME PHONE#**_____
- 5. **CELL PHONE#**_____
- 6. **EMAIL ADDRESS:**_____ **FAX NUMBER**_____
- 7. **PRINCIPAL BUSINESS:**_____
- 8. **SIGNATURE:**_____

IF INCORPORATED

PRINCIPAL OFFICE BEING LOCATED IN: _____
NAME OF PRESIDENT: _____
RESIDENT AGENT: _____
REPRESENTATIVE: _____

NAME **AGE** **DATE AND YEAR STARTED**

PLEASE TURN OVER TO LIST MORE EMPLOYEES